

## CALIFORNIA LIQUID WASTE HAULER RECORD

015-

STATE WATER RESOURCES CONTROL BOARD

STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000268

## PRODUCER OF WASTE (Must be filled by producer)

Name **ALUMINUM CO. OF AMERICA**Pick up Address: **5151 ALCOA AVE**

Telephone Number: \_\_\_\_\_ P.O. or Contract No. \_\_\_\_\_

Order Placed By \_\_\_\_\_ Date: \_\_\_\_\_

Type of Process

which Produced Wastes: \_\_\_\_\_

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution2. ☐ Alkaline solution3. ☐ Pesticides4. ☐ Paint sludge5. ☐ Solvent6. ☐ Tetraethyl lead sludge7. ☐ Chemical toilet wastes8. ☐ Tank bottom sediment9. ☐ Oil10. ☐ Drilling mud11. ☐ Contaminated soil and sand12. ☐ Cannery waste13. ☐ Latex waste14. ☐ Mud and water15. ☐ Brine☐ Other (Specify) \_\_\_\_\_Components:  
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	%	ppm
1.				
2.				
3.				
4.				
5.				
6.				

## Hazardous Properties of Waste:

pH \_\_\_\_\_ ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosiveBulk Volume \_\_\_\_\_ ☐ gal ☐ tons ☐ barrels (42 gal.) ☐ other (specify) \_\_\_\_\_Containers: \_\_\_\_\_ ☐ drums ☐ cartons ☐ bags ☐ other (specify) \_\_\_\_\_Physical State \_\_\_\_\_ ☐ solid ☐ liquid ☐ sludge ☐ other (specify) \_\_\_\_\_

Special Handling Instructions (if any): \_\_\_\_\_

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

## HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.

13419 Halldale Ave., Gardena, California 90249

Phone: (213) 321-1392

Pick Up: **6:30-7A** Time: \_\_\_\_\_ (am/pm)State Liquid Waste Hauler's Registration No. (if applicable): **15**Job No.: \_\_\_\_\_ No. of Loads or Trips: \_\_\_\_\_ Unit No. **1**Vehicle: ☒ vacuum truck **100** barrels, ☐ flatbed, ☐ other (specify) \_\_\_\_\_

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

## DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): **ASBURY OIL CO.**Site Address: **MONTROSE PK**

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): \_\_\_\_\_ State fee (if any): \_\_\_\_\_

Handling Method(s):

☐ recovery☐ treatment (specify): \_\_\_\_\_ (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO. \_\_\_\_\_☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well☐ other (specify): \_\_\_\_\_ CODE NO. \_\_\_\_\_

If waste is held for disposal elsewhere specify final location: \_\_\_\_\_

Disposal Date: **6-30-71**

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

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FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.C.T. Proper Shipping Name \_\_\_\_\_